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| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>SEH AMERICA, INC. PENSION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SEH AMERICA, INC.</u></p> <p><u>4111 N.E. 112TH AVENUE</u> <u>VANCOUVER, WA 98682-6776</u></p> | <p>1c Effective date of plan <u>05/01/1979</u></p> <p>2b Employer Identification Number (EIN) <u>94-2574895</u></p> <p>2c Plan Sponsor's telephone number <u>360-883-7415</u></p> <p>2d Business code (see instructions) <u>334410</u></p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | TADASHI OKUYAMA |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 733 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 343 |
| | 6a(2) | 323 |
| | 6b | 174 |
| | 6c | 205 |
| | 6d | 702 |
| | 6e | 29 |
| | 6f | 731 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>SEH AMERICA, INC. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SEH AMERICA, INC.</u> | D Employer Identification Number (EIN) <u>94-2574895</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>81354777</u> |
| | b Actuarial value | 2b | <u>88481945</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>171</u> | <u>18758663</u> |
| | b For terminated vested participants | <u>219</u> | <u>11036904</u> |
| | c For active participants | <u>343</u> | <u>36168623</u> |
| | d Total | <u>733</u> | <u>65964190</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.21 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>2455838</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>2455838</u> |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | |
|---|--|
| SIGN HERE Signature of actuary <u>AMY C. SULLIVAN A.S.A., E.A.</u> Type or print name of actuary <u>TRANSAMERICA</u> Firm name <u>6400 C STREET SW</u> <u>CEDAR RAPIDS, IA 52499</u> Address of the firm | <u>09/30/2025</u> Date <u>23-06505</u> Most recent enrollment number <u>508-903-6012</u> Telephone number (including area code) |
|---|--|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 7711526 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 7711526 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>10.23</u> % | 788889 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 8500415 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 120.18 % |
| 15 | Adjusted funding target attainment percentage | 15 | 132.95 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 132.86 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) |
| | | | | | 0 |

| | | |
|--|--|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 0 |
| 20 | Quarterly contributions and liquidity shortfalls: | |
| | a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | |
| Liquidity shortfall as of end of quarter of this plan year | | |
| (1) 1st | (2) 2nd | (3) 3rd |
| | | |
| (4) 4th | | |

| | | | | |
|---|--|---|-------------------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 61 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

| | | | | |
|---|--|--|--|-----------|
| Part VI Miscellaneous Items | | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

| | | | | |
|---|--|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | | |
| 28 Unpaid minimum required contributions for all prior years | | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | | | | 30 0 |

| | | | | |
|--|---------------------|--------------------|---------------|--------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c) | | | | 31a 2455838 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 2455838 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment..... | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35) | | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | 37 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

| | | | | |
|--|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | | | | |

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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|------------|
| A Name of plan SEH AMERICA, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEH AMERICA, INC. | D Employer Identification Number (EIN) 94-2574895 | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|--|---|--|--|--|---|--|
| 11 12 15 28 38 50 59 61 62 63 64 | RECORD KEEPER | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| | | |
|--|---|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan SEH AMERICA, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEH AMERICA, INC. | D Employer Identification Number (EIN) 94-2574895 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 709907 |
| | | 785552 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1245985 |
| (2) U.S. Government securities | 1c(2) | 15739267 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | 51014055 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 10880627 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | 1765089 |
| | | 2704906 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 81354930 | 80558103 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 81354930 | 80558103 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 35172 | |
| (B) U.S. Government securities | 2b(1)(B) | 118854 | |
| (C) Corporate debt instruments | 2b(1)(C) | 2637613 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | 138766 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2930405 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 152462 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 152462 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | -436216 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | -1773053 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 873598 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1670425 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1670425 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1670425 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -796827 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562888.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>SEH AMERICA, INC. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>SEH AMERICA, INC.</u> | D Employer Identification Number (EIN) <u>94-2574895</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

| | | |
|--|---|---|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 0 |
|--|---|---|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SEH America, Inc. Pension Plan

Employer ID: 94 2574895

Plan Number: 001

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023,
Supplemental Schedule as of December 31, 2024,
and Independent Auditor's Report

SEH AMERICA, INC. PENSION PLAN

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| NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable. | |

INDEPENDENT AUDITOR'S REPORT

To The Plan Administrative Committee of
SEH America, Inc. Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of SEH America, Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from an agent on behalf of the qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

October 13, 2025

SEH AMERICA, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------------|----------------------|
| ASSETS: | | |
| Investments at fair value (Notes 3 and 5): | | |
| Cash equivalents | \$ 711,450 | \$ 1,245,985 |
| US government obligations | 9,788,271 | 14,635,799 |
| Municipal bonds | 1,675,208 | 1,765,089 |
| Corporate bonds | 53,142,085 | 51,014,055 |
| Mortgage and asset-backed securities | 1,029,698 | 1,103,468 |
| Mutual funds | <u>13,425,839</u> | <u>10,880,627</u> |
| Total investments | 79,772,551 | 80,645,023 |
| Receivables—interest income (Note 3) | <u>785,552</u> | <u>709,907</u> |
| Total assets | <u>80,558,103</u> | <u>81,354,930</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 80,558,103</u> | <u>\$ 81,354,930</u> |

See notes to financial statements.

SEH AMERICA, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------------|----------------------|
| ADDITIONS: | | |
| Investment income (Note 3): | | |
| Dividend and interest income | \$ 3,082,868 | \$ 2,892,271 |
| Net (depreciation) appreciation in fair value of investments | <u>(2,209,270)</u> | <u>4,720,574</u> |
| Total investment income | <u>873,598</u> | <u>7,612,845</u> |
| Total additions | <u>873,598</u> | <u>7,612,845</u> |
| DEDUCTIONS— Benefits paid directly to participants | <u>1,670,425</u> | <u>1,410,052</u> |
| Total deductions | <u>1,670,425</u> | <u>1,410,052</u> |
| (DECREASE) INCREASE IN NET ASSETS | (796,827) | 6,202,793 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | <u>81,354,930</u> | <u>75,152,137</u> |
| End of year | <u>\$ 80,558,103</u> | <u>\$ 81,354,930</u> |

See notes to financial statements.

SEH AMERICA, INC. PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS AS OF DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|----------------------|----------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS: | | |
| Vested benefits: | | |
| Participants currently receiving payments | \$ 21,033,439 | \$ 18,266,570 |
| Other participants | <u>44,823,627</u> | <u>46,514,282</u> |
| Total vested benefits | 65,857,066 | 64,780,852 |
| Nonvested benefits | <u>729,628</u> | <u>839,934</u> |
| TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | <u>\$ 66,586,694</u> | <u>\$ 65,620,786</u> |

See notes to financial statements.

SEH AMERICA, INC. PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|----------------------|----------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS—Beginning of year | <u>\$ 65,620,786</u> | <u>\$ 62,792,584</u> |
| INCREASE (DECREASE) ATTRIBUTABLE TO: | | |
| Additional benefits accumulated | 3,034,209 | 3,012,658 |
| Interest accumulated | 3,563,821 | 3,258,727 |
| Benefits paid directly to participants | (1,670,425) | (1,410,052) |
| Change in actuarial assumptions | <u>(3,961,697)</u> | <u>(2,033,131)</u> |
| Net increase | <u>965,908</u> | <u>2,828,202</u> |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS—End of year | <u>\$ 66,586,694</u> | <u>\$ 65,620,786</u> |

See notes to financial statements.

SEH AMERICA, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the SEH America, Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General—The Plan is a noncontributory, defined benefit pension plan established to provide retirement security for eligible employees of Shin-Etsu Handotai America, Inc. (SEH America, Inc., the “Plan Sponsor” or the “Company”). The Plan is administered by the Administrative Committee (the “Committee”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company makes contributions to the Plan based on the recommendations of the Committee and Transamerica Retirement Solutions (“Transamerica”), the actuary and recordkeeper. Investment funds are selected by the Committee, with the advice of UBS Financial Services, to meet the Plan’s objectives. No significant changes were made to the Plan in 2024 and 2023. State Street Bank and Trust Company is the Plan’s trustee.

Eligibility—Non-resident aliens, independent contractors and employees covered by collective bargaining agreements and foreign nationals, as defined by the Plan document, are excluded from participating in the Plan. Employees became participants of the Plan on the first day of employment. Effective on and after January 1, 2012, the Plan was amended to be closed to new entrants, and no employee shall become a participant on or after that date. Existing participants continue to accrue benefits and service toward vesting requirements.

Pension Benefits—Participants may accrue benefits based upon years of service and covered compensation. The Plan provides for normal retirement at age 65 and early retirement at ages 50 through 64 with five years of service. Benefits are entirely unvested until an employee completes four years of vesting service, when they become 40% vested subject to early retirement provisions. Employees become 100% vested, subject to early retirement provisions, upon completing five years of vesting service, or upon reaching age 65. Benefits are received at normal retirement age or, if elected, at early retirement, or at a delayed retirement age. Early retirement benefits are reduced based upon the number of months prior to normal retirement age that benefits begin. Benefits are determined based on average monthly earnings as an active participant multiplied or adjusted by years of credited service, subject to specific calculations according to the Plan. Benefits are payable in the form of a whole life annuity, a joint and survivor annuity, or a period certain and life annuity.

Death and Disability Benefits—If a vested participant dies prior to retirement, the surviving spouse shall receive an annuity for the remainder of his or her life. The amount of the annuity shall be one-half of the participant’s accrued benefit to the date of his or her death, reduced by the Plan’s early retirement factors if the benefit commencement date precedes the earlier of what would have been the participant’s subsidized early retirement or the participant’s normal retirement date.

There are no disability benefits payable under the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investments securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Administrative Expenses—All expenses necessary to operate and administer the Plan may be deducted from the Plan or, at the election of the Company, paid directly by the Company. For the years ended December 31, 2024 and 2023, all administrative expenses were paid directly by the Company.

Funding Policy—The Company's funding policy is to make contributions to the Plan to meet the minimum funding requirements, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. No employer contributions were made for the Plan years ended December 31, 2024 and 2023. Management believes the Plan is in compliance with the applicable ERISA minimum funding requirements for the Plan years ended December 31, 2024 and 2023.

Subsequent Events—Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued, and it was determined that no additional disclosures or adjustments were required.

3. CERTIFIED INFORMATION

The following is a summary of the information regarding the Plan as of and for the years ended December 31, 2024 and 2023, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Transamerica Retirement Solutions, LLC as an agent on behalf of State Street Bank and Trust Company, the trustee of the Plan as of and for the years ended December 31, 2024 and 2023, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

| | 2024 | 2023 |
|--|-------------|--------------|
| Statements of net assets available for benefits: | | |
| Cash equivalents | \$ 711,450 | \$ 1,245,985 |
| US government obligations | 9,788,271 | 14,635,799 |
| Municipal bonds | 1,675,208 | 1,765,089 |
| Corporate bonds | 53,142,085 | 51,014,055 |
| Mortgage and asset-backed securities | 1,029,698 | 1,103,468 |
| Mutual funds | 13,425,839 | 10,880,627 |
| Interest income receivable | 785,552 | 709,907 |
| Statements of changes in net assets available for benefits: | | |
| Dividend and interest income | 3,082,868 | 2,892,271 |
| Net (depreciation) appreciation in fair value of investments | (2,209,270) | 4,720,574 |

All investment balances and investment information included in Note 5 and the supplemental schedule of assets (held at end of year) have been certified by the trustee, except for the classification and level of investments in Note 5, Fair Value Measurements.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by independent actuaries. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Plan costs developed by the independent actuary are estimates of the amounts necessary to provide benefits to Plan participants assuming continued funding of the Plan in a systematic manner. These estimates are based on the actuarial methods selected to allocate the total cost of the Plan to various years and on actuarial assumptions regarding the return on investments, withdrawal rates, mortality rates and other factors.

The valuation dates are as of January 1, 2025 and 2024; however, amounts have been presented as December 31 in the accompanying statements of accumulated plan benefits and changes in accumulated plan benefits to match the reporting dates for the accompanying statements of net assets available for benefits and changes in net assets available for benefits. The more significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023, were:

| | 2024 | 2023 |
|------------------------|--|--|
| Actuarial cost method | Traditional unit credit actuarial cost method | Traditional unit credit actuarial cost method |
| Mortality basis | PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with scale MP-2021 | PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with scale MP-2021 |
| Assumed rate of return | 6.0 % | 5.5 % |
| Retirement age | Age 55–65 | Age 55–65 |
| Salary increase | 4 % | 4 % |

Additional significant assumptions used in the December 31, 2024 and 2023, actuarial valuations included (a) disability rate assumptions by age group based upon the 1985 pension disability table-class 1 for males and females and (b) withdrawal rate assumptions by age group determined using 130% of the rates in the Mercer Modified 2003 SOA withdrawal table. Although there is no specific disability retirement benefit under the Plan (Note 1), there are special provisions under social security covered compensation which grants additional service periods for disabled participants. Form of payment is assumed to be 100% life annuity except for the retirees whose form of payment is elected upon retirement. The change in the rate of return is based on a capital market assumption model with assumptions for future returns and volatility and the target asset allocation for the Plan in accordance with the approved investment policy.

The foregoing actuarial assumptions are based on the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Cash Equivalents—Held primarily in short-term money market commingled funds, which are valued at the daily closing price as reported or published by the fund.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate Bonds—Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

U.S. Government Obligations—Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal Bonds—Valued by a pricing service based upon market information, including but not limited to market transactions for the same or similar securities and maximizing the use of observable inputs for similar securities.

Mortgage- and Asset-Backed Securities—Valued by a pricing service based upon market information, including but not limited to market transactions for the same or similar securities and maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024.

| The Plan's Investments Measured at Fair Value on a Recurring Basis as of December 31, 2024 | | | | |
|---|--|--|--|----------------------|
| | Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) | Unobservable Inputs (Level 3) | Total |
| Cash equivalents | \$ - | \$ 711,450 | \$ - | \$ 711,450 |
| US government obligations | - | 9,788,271 | - | 9,788,271 |
| Municipal bonds | - | 1,675,208 | - | 1,675,208 |
| Corporate bonds | - | 53,142,085 | - | 53,142,085 |
| Mortgage and asset-backed securities | - | 1,029,698 | - | 1,029,698 |
| Mutual funds | <u>13,425,839</u> | <u>-</u> | <u>-</u> | <u>13,425,839</u> |
| Total | <u>\$ 13,425,839</u> | <u>\$ 66,346,712</u> | <u>\$ -</u> | <u>\$ 79,772,551</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023.

| The Plan's Investments Measured at Fair Value on a Recurring Basis as of December 31, 2023 | | | | |
|---|--|--|--|-----------------------------|
| | Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) | Unobservable Inputs (Level 3) | Total |
| Cash equivalents | \$ - | \$ 1,245,985 | \$ - | \$ 1,245,985 |
| US government obligations | - | 14,635,799 | - | 14,635,799 |
| Municipal bonds | - | 1,765,089 | - | 1,765,089 |
| Corporate bonds | - | 51,014,055 | - | 51,014,055 |
| Mortgage and asset-backed securities | - | 1,103,468 | - | 1,103,468 |
| Mutual funds | <u>10,880,627</u> | <u>-</u> | <u>-</u> | <u>10,880,627</u> |
| Total | <u><u>\$ 10,880,627</u></u> | <u><u>\$ 69,764,396</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 80,645,023</u></u> |

Transfers between Levels—The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, transfers are reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of short-term investment funds managed by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee of the Plan, as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

Fees paid during the year for administrative services rendered by parties-in-interest were based on customary and reasonable rates for such services and are paid by the Plan Sponsor.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated August 11, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

* * * * *

SUPPLEMENTAL SCHEDULE

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|---|---------------------------|---------------------|--------------|-------------------|
| * ISHARES RUSSELL 1000 ETF | Mutual funds | 38,968 | \$ 5,326,961 | \$ 12,553,931 |
| * ISHARES RUSSELL 2000 ETF | Mutual funds | 3,946 | 414,182 | 871,908 |
| SSC GOVERNMENT MM GVMXX | Cash equivalents | 335 | 335 | 335 |
| BRISTOL MYERS SQUIBB CO 4.25% 26 Oct 2049 | Corporate bonds | 535,000 | 564,634 | 432,980 |
| BROADCOM INC 4.15% 15 Nov 2030 | Corporate bonds | 110,000 | 103,509 | 105,218 |
| STATE STREET CORP 1% 30 Mar 2031 | Corporate bonds | 80,000 | 71,590 | 73,310 |
| BRISTOL MYERS SQUIBB CO 2.55% 13 Nov 2050 | Corporate bonds | 460,000 | 319,319 | 266,582 |
| JPMORGAN CHASE + CO 1% 19 Nov 2041 | Corporate bonds | 955,000 | 689,902 | 647,590 |
| CITIGROUP INC 1% 28 Jan 2027 | Corporate bonds | 140,000 | 121,724 | 134,444 |
| JPMORGAN CHASE + CO 1% 04 Feb 2032 | Corporate bonds | 185,000 | 138,265 | 153,373 |
| BOEING CO 2.196% 04 Feb 2026 | Corporate bonds | 110,000 | 101,481 | 106,672 |
| BP CAP MARKETS AMERICA 3.379% 08 Feb 2061 | Corporate bonds | 790,000 | 796,419 | 501,068 |
| GOLDMAN SACHS GROUP INC 1% 09 Mar 2027 | Corporate bonds | 155,000 | 138,692 | 148,796 |
| COPT DEFENSE PROP LP 2.75% 15 Apr 2031 | Corporate bonds | 125,000 | 102,308 | 106,692 |
| GOLDMAN SACHS GROUP INC 1% 22 Apr 2042 | Corporate bonds | 865,000 | 664,527 | 631,146 |
| NORFOLK SOUTHERN CORP 4.1% 15 May 2121 | Corporate bonds | 375,000 | 397,817 | 260,102 |
| DELL INT LLC / EMC CORP 8.35% 15 Jul 2046 | Corporate bonds | 478,000 | 698,057 | 609,521 |
| BANK OF AMERICA CORP 1% 21 Jul 2032 | Corporate bonds | 130,000 | 102,978 | 108,452 |
| PUGET SOUND ENERGY INC 2.893% 15 Sep 2051 | Corporate bonds | 385,000 | 358,343 | 235,443 |
| GOLDMAN SACHS GROUP INC 1% 21 Oct 2032 | Corporate bonds | 375,000 | 309,353 | 317,031 |
| CAPITAL ONE FINANCIAL CO 1% 02 Nov 2027 | Corporate bonds | 170,000 | 146,627 | 160,612 |
| RIO TINTO FIN USA LTD 2.75% 02 Nov 2051 | Corporate bonds | 765,000 | 548,337 | 467,396 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|---|--------------------------------------|---------------------|------------|-------------------|
| STRIP PRINC 0.01% 15 May 2051 | U.S. government obligations | 1,675,000 | \$ 515,766 | \$ 473,109 |
| SOUTHWESTERN ELEC POWER 3.25% 01 Nov 2051 | Corporate bonds | 345,000 | 352,782 | 219,033 |
| PG+E ENERGY RECOVERY FND 2.822% 15 Jul 2046 | Corporate bonds | 303,000 | 270,812 | 212,659 |
| US TREASURY N/B 2% 15 Nov 2041 | U.S. government obligations | 1,782,000 | 1,225,442 | 1,197,908 |
| ALABAMA POWER CO 3% 15 Mar 2052 | Corporate bonds | 1,005,000 | 642,778 | 646,248 |
| MOODY S CORPORATION 3.1% 29 Nov 2061 | Corporate bonds | 300,000 | 175,323 | 178,770 |
| PRIMERICA INC 2.8% 19 Nov 2031 | Corporate bonds | 95,000 | 78,676 | 81,334 |
| MERCK + CO INC 2.75% 10 Dec 2051 | Corporate bonds | 410,000 | 342,737 | 248,928 |
| NEXTERA ENERGY CAPITAL 2.44% 15 Jan 2032 | Corporate bonds | 235,000 | 182,837 | 195,995 |
| TARGET CORP 2.95% 15 Jan 2052 | Corporate bonds | 295,000 | 196,821 | 188,272 |
| US TREASURY N/B 2.25% 15 Feb 2052 | U.S. government obligations | 943,000 | 616,534 | 572,725 |
| BRISTOL MYERS SQUIBB CO 3.7% 15 Mar 2052 | Corporate bonds | 485,000 | 423,035 | 353,556 |
| BERKSHIRE HATHAWAY FIN 3.85% 15 Mar 2052 | Corporate bonds | 350,000 | 273,490 | 265,207 |
| AMAZON.COM INC 3.95% 13 Apr 2052 | Corporate bonds | 540,000 | 493,768 | 426,527 |
| PIEDMONT NATURAL GAS CO 5.05% 15 May 2052 | Corporate bonds | 595,000 | 471,454 | 522,964 |
| UNITEDHEALTH GROUP INC 4.75% 15 May 2052 | Corporate bonds | 350,000 | 340,638 | 300,400 |
| FNMA POOL MA4761 5% 01 Sep 2052 | Mortgage and asset-backed securities | 250,426 | 244,674 | 242,416 |
| CAPITAL ONE FINANCIAL CO 1% 26 Jul 2030 | Corporate bonds | 155,000 | 147,357 | 154,506 |
| APPALACHIAN POWER CO 4.5% 01 Aug 2032 | Corporate bonds | 110,000 | 108,596 | 103,567 |
| DUKE ENERGY CORP 4.5% 15 Aug 2032 | Corporate bonds | 100,000 | 92,763 | 95,285 |
| KIMCO REALTY OP LLC 4.6% 01 Feb 2033 | Corporate bonds | 105,000 | 97,542 | 99,975 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|--------------------------------------|---------------------|------------|-------------------|
| | WALMART INC 4.5% 09 Sep 2052 | Corporate bonds | 265,000 | \$ 234,891 | \$ 231,620 |
| | LOWE S COS INC 5.625% 15 Apr 2053 | Corporate bonds | 480,000 | 477,240 | 461,984 |
| | TOYOTA MOTOR CREDIT CORP 4.55% 20 Sep 2027 | Corporate bonds | 65,000 | 64,901 | 64,989 |
| | BANK OF NY MELLON CORP 1% 25 Oct 2028 | Corporate bonds | 165,000 | 169,544 | 169,380 |
| | NORTHERN TRUST CORP 6.125% 02 Nov 2032 | Corporate bonds | 55,000 | 55,267 | 58,065 |
| | CON EDISON CO OF NY INC 6.15% 15 Nov 2052 | Corporate bonds | 450,000 | 516,577 | 472,176 |
| | UNITED PARCEL SERVICE 5.05% 03 Mar 2053 | Corporate bonds | 205,000 | 205,244 | 188,234 |
| | COMCAST CORP 5.5% 15 May 2064 | Corporate bonds | 635,000 | 639,142 | 593,225 |
| | META PLATFORMS INC 5.6% 15 May 2053 | Corporate bonds | 250,000 | 224,653 | 250,432 |
| | SCHLUMBERGER INVESTMENT 4.5% 15 May 2028 | Corporate bonds | 185,000 | 184,802 | 183,548 |
| | PFIZER INVESTMENT ENTER 5.34% 19 May 2063 | Corporate bonds | 120,000 | 113,782 | 110,333 |
| | CHARLES SCHWAB CORP 1% 19 May 2034 | Corporate bonds | 120,000 | 124,485 | 123,634 |
| | CITIGROUP INC 1% 25 May 2034 | Corporate bonds | 165,000 | 168,736 | 168,227 |
| | JPMORGAN CHASE + CO 1% 01 Jun 2034 | Corporate bonds | 170,000 | 170,019 | 170,075 |
| | EXTRA SPACE STORAGE LP 3.875% 15 Dec 2027 | Corporate bonds | 270,000 | 260,150 | 263,860 |
| | AMERICAN EXPRESS CO 1% 28 Jul 2027 | Corporate bonds | 125,000 | 126,104 | 126,377 |
| | CONOCOPHILLIPS COMPANY 5.55% 15 Mar 2054 | Corporate bonds | 285,000 | 289,988 | 274,987 |
| | BHP BILLITON FIN USA LTD 5.25% 08 Sep 2033 | Corporate bonds | 85,000 | 84,579 | 85,436 |
| | FED HM LN PC POOL SD8382 5% 01 Dec 2053 | Mortgage and asset-backed securities | 242,486 | 236,064 | 234,149 |
| | TRUIST FINANCIAL CORP 1% 30 Oct 2029 | Corporate bonds | 210,000 | 223,520 | 224,613 |
| | SIMON PROPERTY GROUP LP 6.65% 15 Jan 2054 | Corporate bonds | 290,000 | 289,510 | 323,238 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|---------------------------|---------------------|------------|-------------------|
| | RTX CORP 5.75% 15 Jan 2029 | Corporate bonds | 126,000 | \$ 131,079 | \$ 130,068 |
| | NORFOLK SOUTHERN CORP 5.55% 15 Mar 2034 | Corporate bonds | 75,000 | 75,133 | 76,513 |
| | ROYAL BANK OF CANADA 4.875% 19 Jan 2027 | Corporate bonds | 105,000 | 103,785 | 105,413 |
| | PNC FINANCIAL SERVICES 1% 21 Jan 2028 | Corporate bonds | 170,000 | 171,822 | 171,443 |
| | REALTY INCOME CORP 2.7% 15 Feb 2032 | Corporate bonds | 82,000 | 59,991 | 69,621 |
| | NATIONAL RURAL UTIL COOP 4.8% 05 Feb 2027 | Corporate bonds | 95,000 | 95,121 | 95,297 |
| | ELI LILLY + CO 5% 09 Feb 2054 | Corporate bonds | 180,000 | 178,976 | 165,532 |
| | BRISTOL MYERS SQUIBB CO 5.2% 22 Feb 2034 | Corporate bonds | 105,000 | 105,667 | 104,900 |
| | AMERICAN WATER CAPITAL C 5.45% 01 Mar 2054 | Corporate bonds | 285,000 | 282,415 | 272,874 |
| | CISCO SYSTEMS INC 5.3% 26 Feb 2054 | Corporate bonds | 235,000 | 240,060 | 228,602 |
| | ABBVIE INC 4.95% 15 Mar 2031 | Corporate bonds | 85,000 | 85,938 | 85,001 |
| | PHILLIPS 66 CO 5.65% 15 Jun 2054 | Corporate bonds | 246,000 | 239,073 | 232,509 |
| | ENTERGY LOUISIANA LLC 5.7% 15 Mar 2054 | Corporate bonds | 190,000 | 186,795 | 187,912 |
| | ADOBE INC 4.95% 04 Apr 2034 | Corporate bonds | 100,000 | 99,805 | 99,310 |
| | TOTALENERGIES CAPITAL SA 5.488% 05 Apr 2054 | Corporate bonds | 170,000 | 170,000 | 163,214 |
| | REINSURANCE GRP OF AMER 5.75% 15 Sep 2034 | Corporate bonds | 55,000 | 54,838 | 55,427 |
| | PNC FINANCIAL SERVICES 1% 14 May 2030 | Corporate bonds | 165,000 | 166,107 | 167,309 |
| | BANK OF NY MELLON CORP 1% 21 Jul 2039 | Corporate bonds | 115,000 | 115,097 | 115,730 |
| | META PLATFORMS INC 5.4% 15 Aug 2054 | Corporate bonds | 245,000 | 245,109 | 237,413 |
| | ELI LILLY + CO 5.05% 14 Aug 2054 | Corporate bonds | 305,000 | 303,837 | 283,022 |
| | TOYOTA MOTOR CREDIT CORP 4.35% 08 Oct 2027 | Corporate bonds | 110,000 | 110,035 | 109,218 |
| | METLIFE INC 5.7% 15 Jun 2035 | Corporate bonds | 90,000 | 93,604 | 92,531 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|---------------------------|---------------------|-----------|-------------------|
| | UNITEDHEALTH GROUP INC 5.8% 15 Mar 2036 | Corporate bonds | 40,000 | \$ 59,114 | \$ 41,279 |
| | BANK OF AMERICA NA 6% 15 Oct 2036 | Corporate bonds | 405,000 | 478,335 | 420,755 |
| | WYETH LLC 5.95% 01 Apr 2037 | Corporate bonds | 370,000 | 412,617 | 386,383 |
| | VALERO ENERGY CORP 6.625% 15 Jun 2037 | Corporate bonds | 395,000 | 499,066 | 414,353 |
| | GOLDMAN SACHS GROUP INC 6.75% 01 Oct 2037 | Corporate bonds | 655,000 | 885,143 | 704,021 |
| | SSC GOVERNMENT MM GVMXX | Cash equivalents | 711,115 | 711,115 | 711,115 |
| | DUKE ENERGY CAROLINAS 6.05% 15 Apr 2038 | Corporate bonds | 285,000 | 373,874 | 299,763 |
| | CONOCOPHILLIPS 6.5% 01 Feb 2039 | Corporate bonds | 245,000 | 343,086 | 267,891 |
| | ENTERPRISE PRODUCTS OPER 6.125% 15 Oct 2039 | Corporate bonds | 590,000 | 678,095 | 613,002 |
| | NEW YORK ST URBAN DEV CORP REV 5.77% 15 Mar 2039 | Municipal bonds | 315,000 | 376,554 | 318,109 |
| | NEW JERSEY ST TRANSPRTN TRUST 6.561% 15 Dec 2040 | Municipal bonds | 595,000 | 652,431 | 635,035 |
| | BURLINGTN NORTH SANTA FE 5.75% 01 May 2040 | Corporate bonds | 595,000 | 735,252 | 611,320 |
| | HEALTHPEAK OP LLC 6.75% 01 Feb 2041 | Corporate bonds | 515,000 | 644,465 | 557,740 |
| | HOME DEPOT INC 5.95% 01 Apr 2041 | Corporate bonds | 332,000 | 432,509 | 348,763 |
| | DOMINION ENERGY INC 4.9% 01 Aug 2041 | Corporate bonds | 518,000 | 580,585 | 464,041 |
| | ORACLE CORP 5.375% 15 Jul 2040 | Corporate bonds | 326,000 | 370,996 | 314,180 |
| | ENERGY TRANSFER LP 6.5% 01 Feb 2042 | Corporate bonds | 465,000 | 521,823 | 481,949 |
| | CITIGROUP INC 5.875% 30 Jan 2042 | Corporate bonds | 590,000 | 677,577 | 603,323 |
| | CSX CORP 4.4% 01 Mar 2043 | Corporate bonds | 390,000 | 394,689 | 337,543 |
| | BERKSHIRE HATHAWAY FIN 4.4% 15 May 2042 | Corporate bonds | 570,000 | 630,826 | 518,687 |
| | SHELL INTERNATIONAL FIN 3.625% 21 Aug 2042 | Corporate bonds | 365,000 | 349,416 | 284,453 |
| | APPLE INC 3.85% 04 May 2043 | Corporate bonds | 423,000 | 391,458 | 350,867 |
| | EQUINOR ASA 3.95% 15 May 2043 | Corporate bonds | 634,000 | 619,793 | 519,822 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|---------------------------|---------------------|------------|-------------------|
| | BHP BILLITON FIN USA LTD 5% 30 Sep 2043 | Corporate bonds | 375,000 | \$ 431,844 | \$ 350,692 |
| | BAYLOR UNIV TX 4.313% 01 Mar 2042 | Municipal bonds | 220,000 | 220,000 | 186,445 |
| | NEWPORT NEWS VA ECON DEV AUTH 3.738% 01 Jul 2031 | Municipal bonds | 250,000 | 252,500 | 236,376 |
| | COMCAST CORP 4.75% 01 Mar 2044 | Corporate bonds | 301,000 | 364,153 | 262,921 |
| | CLEVELAND CLINIC FOUND 4.858% 01 Jan 2114 | Corporate bonds | 420,000 | 455,378 | 349,749 |
| | ATMOS ENERGY CORP 4.125% 15 Oct 2044 | Corporate bonds | 695,000 | 655,914 | 566,365 |
| | DIGNITY HEALTH 5.267% 01 Nov 2064 | Corporate bonds | 325,000 | 320,570 | 290,789 |
| | PHILIP MORRIS INTL INC 4.25% 10 Nov 2044 | Corporate bonds | 310,000 | 306,032 | 254,030 |
| | FEDERAL REALTY OP LP 4.5% 01 Dec 2044 | Corporate bonds | 290,000 | 306,704 | 242,965 |
| | MERCK + CO INC 3.7% 10 Feb 2045 | Corporate bonds | 410,000 | 402,963 | 317,854 |
| | AMGEN INC 4.4% 01 May 2045 | Corporate bonds | 860,000 | 874,212 | 713,888 |
| | UNITEDHEALTH GROUP INC 4.75% 15 Jul 2045 | Corporate bonds | 320,000 | 321,398 | 282,185 |
| | PEPSICO INC 4.45% 14 Apr 2046 | Corporate bonds | 465,000 | 496,380 | 402,093 |
| | MICROSOFT CORP 4.2% 03 Nov 2035 | Corporate bonds | 285,000 | 285,978 | 272,501 |
| | WELLS FARGO + COMPANY 4.9% 17 Nov 2045 | Corporate bonds | 925,000 | 986,566 | 802,618 |
| | EXXON MOBIL CORPORATION 4.114% 01 Mar 2046 | Corporate bonds | 727,000 | 741,617 | 590,310 |
| | WESLEYAN UNIVERSITY 4.781% 01 Jul 2116 | Corporate bonds | 275,000 | 348,843 | 223,129 |
| | NY + PRESBYTERIAN HOSPIT 4.763% 01 Aug 2116 | Corporate bonds | 230,000 | 238,543 | 186,171 |
| | RAYMOND JAMES FINANCIAL 4.95% 15 Jul 2046 | Corporate bonds | 637,000 | 834,721 | 572,346 |
| | APPLE INC 3.85% 04 Aug 2046 | Corporate bonds | 1,070,000 | 1,103,016 | 863,787 |
| | HCA INC 4.5% 15 Feb 2027 | Corporate bonds | 70,000 | 68,296 | 69,335 |
| | ABBOTT LABORATORIES 4.9% 30 Nov 2046 | Corporate bonds | 370,000 | 502,589 | 345,737 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|-----------------------------|---------------------|------------|-------------------|
| | HP ENTERPRISE CO 6.35% 15 Oct 2045 | Corporate bonds | 630,000 | \$ 811,808 | \$ 656,142 |
| | BANK OF AMERICA CORP 1% 20 Jan 2028 | Corporate bonds | 110,000 | 104,103 | 107,773 |
| | UTAH ACQUISITION SUB 5.25% 15 Jun 2046 | Corporate bonds | 555,000 | 570,850 | 467,789 |
| | NYU LANGONE HOSPITALS 4.368% 01 Jul 2047 | Corporate bonds | 615,000 | 625,111 | 524,566 |
| | HEALTHCARE RLTY HLDGS LP 3.75% 01 Jul 2027 | Corporate bonds | 100,000 | 105,440 | 97,170 |
| | HCA INC 5.5% 15 Jun 2047 | Corporate bonds | 515,000 | 465,761 | 469,077 |
| | JPMORGAN CHASE + CO 1% 24 Jul 2038 | Corporate bonds | 1,010,000 | 864,712 | 862,395 |
| | DTE ELECTRIC CO 3.75% 15 Aug 2047 | Corporate bonds | 725,000 | 770,510 | 546,218 |
| | KIMCO REALTY OP LLC 4.45% 01 Sep 2047 | Corporate bonds | 593,000 | 620,981 | 488,985 |
| | AMERICAN WATER CAPITAL C 3.75% 01 Sep 2047 | Corporate bonds | 780,000 | 791,041 | 578,774 |
| | ELEVANCE HEALTH INC 4.375% 01 Dec 2047 | Corporate bonds | 365,000 | 345,652 | 294,829 |
| | SEMPRA 4% 01 Feb 2048 | Corporate bonds | 947,000 | 1,087,715 | 717,033 |
| | CENTERPOINT ENER HOUSTON 3.95% 01 Mar 2048 | Corporate bonds | 620,000 | 640,089 | 476,632 |
| | SOUTHERN CAL EDISON 4.125% 01 Mar 2048 | Corporate bonds | 305,000 | 325,933 | 237,710 |
| | JPMORGAN CHASE + CO 1% 23 Apr 2029 | Corporate bonds | 175,000 | 167,633 | 169,702 |
| | PRUDENTIAL FINANCIAL INC 3.905% 07 Dec 2047 | Corporate bonds | 431,000 | 484,194 | 328,828 |
| | BERKSHIRE HATHAWAY ENERG 3.8% 15 Jul 2048 | Corporate bonds | 1,069,000 | 1,121,887 | 793,978 |
| | PRUDENTIAL FINANCIAL INC 3.935% 07 Dec 2049 | Corporate bonds | 310,000 | 243,887 | 234,049 |
| | ENERGY TRANSFER LP 4.95% 15 May 2028 | Corporate bonds | 170,000 | 170,626 | 169,777 |
| | AMAZON.COM INC 4.05% 22 Aug 2047 | Corporate bonds | 380,000 | 382,614 | 314,353 |
| | BANK OF AMERICA CORP 1% 20 Dec 2028 | Corporate bonds | 110,000 | 101,092 | 105,424 |
| | STRIP PRINC 0.01% 15 Aug 2048 | U.S. government obligations | 12,330,000 | 4,919,547 | 3,886,902 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|--------------------------------------|---------------------|------------|-------------------|
| | ATMOS ENERGY CORP 4.3% 01 Oct 2048 | Corporate bonds | 580,000 | \$ 639,303 | \$ 476,641 |
| | COMCAST CORP 4.6% 15 Oct 2038 | Corporate bonds | 255,000 | 250,703 | 230,968 |
| | AFLAC INC 4.75% 15 Jan 2049 | Corporate bonds | 515,000 | 493,066 | 451,578 |
| | NATIONAL RURAL UTIL COOP 4.3% 15 Mar 2049 | Corporate bonds | 550,000 | 705,886 | 445,146 |
| | BANK OF AMERICA CORP 1% 23 Apr 2040 | Corporate bonds | 730,000 | 630,873 | 621,097 |
| | REINSURANCE GRP OF AMER 3.9% 15 May 2029 | Corporate bonds | 465,000 | 469,063 | 444,178 |
| | SELECTIVE INSURANCE GROU 5.375% 01 Mar 2049 | Corporate bonds | 495,000 | 490,271 | 451,216 |
| | ANHEUSER BUSCH CO/INBEV 4.7% 01 Feb 2036 | Corporate bonds | 670,000 | 654,048 | 635,139 |
| | DUKE ENERGY CAROLINAS 3.2% 15 Aug 2049 | Corporate bonds | 555,000 | 566,150 | 370,251 |
| | KIMCO REALTY OP LLC 3.7% 01 Oct 2049 | Corporate bonds | 230,000 | 233,873 | 167,197 |
| | AIR LEASE CORP 3.25% 01 Oct 2029 | Corporate bonds | 285,000 | 290,582 | 263,039 |
| | CATERPILLAR INC 3.25% 19 Sep 2049 | Corporate bonds | 345,000 | 286,740 | 239,853 |
| | XCEL ENERGY INC 3.5% 01 Dec 2049 | Corporate bonds | 320,000 | 354,076 | 220,540 |
| | FHLMC MULTIFAMILY STRUCTURED P 3.542% 25 Mar 2034 | Mortgage and asset-backed securities | 620,000 | 638,534 | 553,133 |
| | CALIFORNIA INSTITUTE OF 3.65% 01 Sep 2119 | Corporate bonds | 165,000 | 164,583 | 105,027 |
| | SOUTHERN CAL EDISON 3.65% 01 Feb 2050 | Corporate bonds | 485,000 | 370,118 | 346,984 |
| | AIR LEASE CORP 3% 01 Feb 2030 | Corporate bonds | 425,000 | 383,129 | 383,763 |
| | EVERSOURCE ENERGY 3.45% 15 Jan 2050 | Corporate bonds | 490,000 | 533,265 | 335,268 |
| | CITIGROUP INC 1% 29 Jan 2031 | Corporate bonds | 255,000 | 220,968 | 225,594 |
| | US TREASURY N/B 1.5% 15 Feb 2030 | U.S. government obligations | 630,000 | 647,943 | 546,968 |
| | DTE ELECTRIC CO 2.25% 01 Mar 2030 | Corporate bonds | 75,000 | 64,898 | 66,123 |
| | COLORADO ST HLTH FACS AUTH REV 3.796% 01 Nov 2044 | Municipal bonds | 375,000 | 375,473 | 299,243 |

(Continued)

SEH AMERICA, INC. PENSION PLAN

EMPLOYER ID NO.: 94-2574895

PLAN NO.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Party Involved, Rate of Interest, Maturity Date | (c) Description of Assets | (d) Number of Units | (e) Cost | (f) Current Value |
|-----|---|-----------------------------|---------------------|----------------------|----------------------|
| | COMMONWEALTH EDISON CO 3% 01 Mar 2050 | Corporate bonds | 675,000 | \$ 673,955 | \$ 435,954 |
| | BANK OF AMERICA CORP 1% 20 Mar 2051 | Corporate bonds | 385,000 | 315,245 | 301,935 |
| | UNITED PARCEL SERVICE 5.3% 01 Apr 2050 | Corporate bonds | 545,000 | 588,620 | 521,759 |
| | 3M COMPANY 3.05% 15 Apr 2030 | Corporate bonds | 155,000 | 139,275 | 142,066 |
| | HOME DEPOT INC 3.35% 15 Apr 2050 | Corporate bonds | 330,000 | 293,737 | 230,445 |
| | NVIDIA CORP 3.5% 01 Apr 2050 | Corporate bonds | 150,000 | 172,524 | 111,633 |
| | ORACLE CORP 3.6% 01 Apr 2050 | Corporate bonds | 335,000 | 323,513 | 234,909 |
| | SYSCO CORPORATION 6.6% 01 Apr 2050 | Corporate bonds | 550,000 | 774,695 | 603,734 |
| | FEDEX CORP 5.25% 15 May 2050 | Corporate bonds | 355,000 | 492,701 | 325,427 |
| | US TREASURY N/B 1.125% 15 May 2040 | U.S. government obligations | 435,000 | 343,380 | 261,935 |
| | STRIP PRINC 0.01% 15 May 2050 | U.S. government obligations | 9,655,000 | 4,369,259 | 2,848,724 |
| | MICROSOFT CORP 2.675% 01 Jun 2060 | Corporate bonds | 547,000 | 504,318 | 321,628 |
| | AMAZON.COM INC 2.5% 03 Jun 2050 | Corporate bonds | 190,000 | 184,044 | 113,549 |
| | BANK OF AMERICA CORP 1% 19 Jun 2041 | Corporate bonds | 735,000 | 495,912 | 511,067 |
| | GENERAL MOTORS FINL CO 3.6% 21 Jun 2030 | Corporate bonds | 125,000 | 108,568 | 114,627 |
| | | | | <u>\$ 84,884,183</u> | <u>\$ 79,772,551</u> |

* Denotes a party-in-interest with respect to the plan.

See accompanying independent auditor's report.

(Concluded)

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

.....Completed Years of Credited Service

| <u>Age</u> | <u>0</u> to <u>1</u> | <u>1</u> to <u>4</u> | <u>5</u> to <u>9</u> | <u>10</u> to <u>14</u> | <u>15</u> to <u>19</u> | <u>20</u> to <u>24</u> | <u>25</u> to <u>29</u> | <u>30</u> to <u>34</u> | <u>35</u> to <u>39</u> | <u>40</u> ± | <u>Total</u> |
|------------|----------------------------|----------------------------|----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|--------------|
| 0 – 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 – 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 – 34 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 35 – 39 | 0 | 0 | 0 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 6 |
| 40 – 44 | 0 | 0 | 0 | 9 | 8 | 3 | 0 | 0 | 0 | 0 | 20 |
| 45 – 49 | 0 | 1 | 1 | 12 | 16 | 7 | 16 | 0 | 0 | 0 | 53 |
| 50 – 54 | 0 | 0 | 2 | 14 | 22 | 7 | 28 | 14 | 1 | 0 | 88 |
| 55 – 59 | 0 | 0 | 0 | 9 | 14 | 7 | 17 | 20 | 11 | 0 | 78 |
| 60 – 64 | 0 | 0 | 0 | 3 | 13 | 4 | 16 | 9 | 16 | 5 | 66 |
| 65 – 69 | 0 | 0 | 0 | 0 | 6 | 3 | 9 | 2 | 3 | 4 | 27 |
| 70 & Up | <u>0</u> | <u>0</u> | <u>0</u> | <u>1</u> | <u>1</u> | <u>0</u> | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>3</u> |
| Totals | 0 | 1 | 4 | 51 | 84 | 31 | 87 | 45 | 31 | 9 | 343 |

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

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Target Liability Interest Rates

Segment rates for the month of the valuation date (January) as adjusted in accordance with Code Section 430(h)(2)(C)(iv) including the amendments made by the American Rescue Plan Act of 2021.

PBGC Interest Rates

Based on the standard premium funding target (effective January 1, 2023) and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2).

1st Segment 5.01%
2nd Segment 5.13%
3rd Segment 5.15%

Effective Rate 5.13%

Expected Investment Return/
ASC 960-20 Interest Rate

5.50% (previously, 5.25%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year.

Disabled Mortality

Disability RR 96-7 table for participants who became disabled after 1994 and are eligible for disability benefits (previously, PRI-2012 Disabled Table projected forward with Scale MP-2021).

ASC 960 Mortality

PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant.

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D ACTUARIAL ASSUMPTIONS (cont'd)

Salary Increases 4.00%

Social Security Taxable Wage Base 2.50%

Social Security CPI 2.00%

Withdrawal Rates

Sample rates are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25 | 23.40% |
| 30 | 15.86% |
| 35 | 11.31% |
| 40 | 8.97% |
| 45 | 7.93% |
| 50 | 7.28% |
| 55 | 5.72% |

Retirement Age

Rates are as follows for actives:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 50-54 | 0% |
| 55-61 | 5% |
| 62 | 50% |
| 63-64 | 30% |
| 65 | 100% |

For current and future vested deferred, 100% at age 62. For future disablements, 100% at age 65.

Disability

Sample rates are as follows:

| <u>Age</u> | <u>Male</u> | <u>Female</u> |
|------------|-------------|---------------|
| 20 | 0.029% | 0.030% |
| 30 | 0.048% | 0.080% |
| 40 | 0.117% | 0.211% |
| 50 | 0.358% | 0.533% |
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**Plan Name: SEH America, Inc. Pension Plan
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Plan Year: January 1, 2024 to December 31, 2024**

D ACTUARIAL ASSUMPTIONS (cont'd)

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit: \$275,000 for 2024 (previously, \$265,000).

Compensation Limit: \$345,000 for 2024 (previously, \$330,000).

Form of Payment

100% Life Annuity; 0% all other optional forms.

Marital Assumption

It is assumed that 80% of male employees are married and 50% of female employees are married. Wives are assumed to be the same age as their husbands.

Expenses

\$0

Active Late Retirement

Benefits based on continued accruals assumed larger than normal retirement and actuarial equivalence.

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|-----|
| A Name of plan SEH AMERICA, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEH AMERICA, INC. | D Employer Identification Number (EIN) 94-2574895 | |

E Type of plan: Single Multiple-A Multiple-B Other
F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

| | | |
|--------------------------------|-----------|----------|
| 2 Assets: | | |
| a Market value | 2a | 81354777 |
| b Actuarial value | 2b | 88481945 |

| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|----------------------------|---------------------------|--------------------------|
| a For retired participants and beneficiaries receiving payment | 171 | 18758663 | 18758663 |
| b For terminated vested participants | 219 | 11036904 | 11036904 |
| c For active participants | 343 | 36168623 | 36753426 |
| d Total | 733 | 65964190 | 66548993 |


4 If the plan is in at-risk status, check the box and complete lines (a) and (b).

| | | |
|---|-----------|--|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |

5 Effective interest rate **5** 5.21 %

| | | |
|--|-----------|---------|
| 6 Target normal cost | | |
| a Present value of current plan year accruals | 6a | 2455838 |
| b Expected plan-related expenses | 6b | 0 |
| c Target normal cost | 6c | 2455838 |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|--|---|
| SIGN HERE |  Amy C. Sullivan Signature of actuary Amy C. Sullivan A.S.A., E.A. Type or print name of actuary Transamerica Firm name 6400 C Street SW Cedar Rapids, IA 52499 Address of the firm | 9/30/2025 Date 23-06505 Most recent enrollment number (508) 903-6012 Telephone number (including area code) |
|------------------|--|---|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II | Beginning of Year Carryover and Prefunding Balances | |
|--|--|------------------------|
| | (a) Carryover balance | (b) Prefunding balance |
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 7711526 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 7711526 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>10.23</u> % | 788889 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 0 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> % | | 0 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 8500415 | 0 |

| Part III | Funding Percentages | |
|--|----------------------------|----------|
| 14 Funding target attainment percentage | 14 | 120.18 % |
| 15 Adjusted funding target attainment percentage | 15 | 132.95 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 132.86 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV | Contributions and Liquidity Shortfalls | | | | | | | |
|--|---|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|--------------|---|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | | | |
| | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Totals ▶ | 18(b) | 0 | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

| | | | |
|---|--|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 0 |
| 22 Weighted average retirement age | | | 22 61 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | |

| | | | |
|---|--|--|---|
| Part VI Miscellaneous Items | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment, | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | 27 |

| | | |
|---|-----------|---|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | |
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | 0 |

| | | | |
|--|---------------------|--------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 2455838 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 2455838 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment..... | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 0 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

| | | | |
|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | | | |

**Attachment to 2024 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
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The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x | q_x^r | l_x | ${}_{x-55}p_{55} = \frac{l_x}{l_{55}}$ | $q_x^r * \frac{l_x}{l_{55}}$ | $x * q_x^r * \frac{l_x}{l_{55}}$ |
|----|---------|-----------|--|------------------------------|----------------------------------|
| 55 | 0.05 | 1,000,000 | 1 | 0.05 | 2.75 |
| 56 | 0.05 | 950,000 | 0.95 | 0.0475 | 2.66 |
| 57 | 0.05 | 902,500 | 0.9025 | 0.04513 | 2.572125 |
| 58 | 0.05 | 857,375 | 0.85738 | 0.04287 | 2.4863875 |
| 59 | 0.05 | 814,506 | 0.81451 | 0.04073 | 2.4027934 |
| 60 | 0.05 | 773,781 | 0.77378 | 0.03869 | 2.3213428 |
| 61 | 0.05 | 735,092 | 0.73509 | 0.03675 | 2.2420303 |
| 62 | 0.5 | 698,337 | 0.69834 | 0.34917 | 21.648456 |
| 63 | 0.3 | 349,169 | 0.34917 | 0.10475 | 6.5992874 |
| 64 | 0.3 | 244,418 | 0.24442 | 0.07333 | 4.6928266 |
| 65 | 1 | 171,093 | 0.17109 | 0.17109 | 11.121021 |

Average age at retirement 61.49

Rounded for Schedule SB item 22 61

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

For 2024, the Expected Investment Return was 5.50% (previously, 5.25%).

All changes were made to better reflect anticipated future experience.

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: SEH America, Inc. Pension Plan
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**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

.....Completed Years of Credited Service

| <u>Age</u> | <u>0</u> to <u>1</u> | <u>1</u> to <u>4</u> | <u>5</u> to <u>9</u> | <u>10</u> to <u>14</u> | <u>15</u> to <u>19</u> | <u>20</u> to <u>24</u> | <u>25</u> to <u>29</u> | <u>30</u> to <u>34</u> | <u>35</u> to <u>39</u> | <u>40</u> ± | <u>Total</u> |
|------------|----------------------------|----------------------------|----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|--------------|
| 0 – 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 – 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 – 34 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 35 – 39 | 0 | 0 | 0 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 6 |
| 40 – 44 | 0 | 0 | 0 | 9 | 8 | 3 | 0 | 0 | 0 | 0 | 20 |
| 45 – 49 | 0 | 1 | 1 | 12 | 16 | 7 | 16 | 0 | 0 | 0 | 53 |
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| 60 – 64 | 0 | 0 | 0 | 3 | 13 | 4 | 16 | 9 | 16 | 5 | 66 |
| 65 – 69 | 0 | 0 | 0 | 0 | 6 | 3 | 9 | 2 | 3 | 4 | 27 |
| 70 & Up | <u>0</u> | <u>0</u> | <u>0</u> | <u>1</u> | <u>1</u> | <u>0</u> | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>3</u> |
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2. 33.33% of gains and losses of the second prior year.

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Based on the standard premium funding target (effective January 1, 2023) and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2).

1st Segment 5.01%
2nd Segment 5.13%
3rd Segment 5.15%

Effective Rate 5.13%

Expected Investment Return/
ASC 960-20 Interest Rate

5.50% (previously, 5.25%).

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Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year.

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Salary Increases 4.00%

Social Security Taxable Wage Base 2.50%

Social Security CPI 2.00%

Withdrawal Rates

Sample rates are as follows:

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|------------|-------------|
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| 55-61 | 5% |
| 62 | 50% |
| 63-64 | 30% |
| 65 | 100% |

For current and future vested deferred, 100% at age 62. For future disablements, 100% at age 65.

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Sample rates are as follows:

| <u>Age</u> | <u>Male</u> | <u>Female</u> |
|------------|-------------|---------------|
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| 30 | 0.048% | 0.080% |
| 40 | 0.117% | 0.211% |
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Compensation Limitations

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Compensation Limit: \$345,000 for 2024 (previously, \$330,000).

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Marital Assumption

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\$0

Active Late Retirement

Benefits based on continued accruals assumed larger than normal retirement and actuarial equivalence.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

Effective Date Original Plan: May 1, 1979. Most recently amended on March 29, 2019.

Status of the Plan Frozen participation, with continuing benefit accruals for active participants.

Eligibility First day of the month following employment unless the employee is covered by a collective bargaining agreement. Plan is closed to new entrants as of January 1, 2012.

Benefit Service Includes all calendar years from date of hire on elapsed time basis, including Dow Corning service.

| <u>Vesting</u> | <u>Years of</u> | <u>Vesting</u> |
|----------------|-----------------|----------------|
| | <u>Service</u> | |
| | < 4 | 0% |
| | 4 | 40% |
| | 5 | 100% |

Compensation Equal to the total salary earned during the year, with the exception of overtime, bonuses, etc.

Average Compensation Average over highest consecutive 60 months out of the most recent 120 consecutive months.

Accrued Benefit Monthly benefit equal to greater of A and B, minus C:

- A) 1.4% of 5-year final average earnings times years of service, minus 2% of Social Security Benefit times years of service up to 25 years, determined as of April 1, 1989.
- B) 0.8% of final average salary up to covered compensation plus 1.3% of excess average salary, times years of service up to 35 years and 1% of final average salary times years of service in excess of 35 years.
- C) The accrued benefit under the prior Dow Corning plan.

The formulas under A and B are applied on projected service to normal retirement age, then prorated on actual service over projected service to develop accrued benefits.

Normal Retirement Date Age 65.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

Normal Benefit

Accrued benefit.

Early Retirement

Eligible upon attainment of age 50 at termination with a vested benefit. The accrued benefit is reduced as follows:

| <u>Age</u> | <u>10 Years of Service</u> | <u>Less than 10 Years of Service</u> |
|------------|----------------------------|--------------------------------------|
| 65 | 100.0% | 100.0% |
| 64 | 100.0% | 93.3% |
| 63 | 100.0% | 86.7% |
| 62 | 100.0% | 80.0% |
| 61 | 73.3% | 73.3% |
| 60 | 66.7% | 66.7% |
| 59 | 63.3% | 63.3% |
| 58 | 60.0% | 60.0% |
| 57 | 56.7% | 56.7% |
| 56 | 53.3% | 53.3% |
| 55 | 50.0% | 50.0% |
| 54 | 47.8% | 47.8% |
| 53 | 45.6% | 45.6% |
| 52 | 43.3% | 43.3% |
| 51 | 41.1% | 41.1% |
| 50 | 38.9% | 38.9% |

Late Retirement

If a participant works beyond Normal Retirement Date, the benefit will be equal to the greater of A or B:

- A) Normal Retirement Benefit, or
- B) Actuarial equivalent of the total accrued benefit as of the Normal Retirement Date.

Preretirement Death Benefit

Eligible after completion of 4 years of service. Benefit equal to 50% of the amount that would have been payable to the member if he or she had terminated employment on the date of death and elected a 50% Joint and Survivor form of payment with spouse as beneficiary.

Disability Benefit

Eligible if eligible for Social Security disability benefits. Benefit is calculated the same as Normal Retirement Benefit with service accruing until Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

| | |
|---|--|
| <u>Normal Form of Payment</u> | For married participants – 50% Joint and Survivor. For unmarried participants – Life Annuity. |
| <u>Optional Forms of Payment</u> | Life Annuity 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 5 Year Certain & Life 10 Year Certain & Life |
| <u>Actuarial Equivalence</u> | 50% Joint & Survivor: .88 + .005 * (spouse age – participant age) 75% Joint & Survivor .83 + .005 * (spouse age – participant age) 100% Joint & Survivor .75 + .005 * (spouse age – participant age) 5 Year Certain & Life .975 + .002 * (65 – Participant age) 10 Year Certain & Life .910 + .007 * (65 – Participant age) Late Retirement Interest Rate: 5% Mortality Table: Blended 1983 Group Annuity Mortality Table, fifty percent male and fifty percent female |
| <u>Significant Events Occurring During the Year</u> | None |
| <u>Benefits Not Included in the Valuation</u> | Part B of the Late Retirement definition is not explicitly valued. This has no material effect on the liability. |
| <u>Summary of Changes on Principal Eligibility or Benefit Provisions Since the Last Valuation</u> | None |

**Attachment to 2024 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x | q_x^r | l_x | ${}_{x-55}p_{55} = \frac{l_x}{l_{55}}$ | $q_x^r * \frac{l_x}{l_{55}}$ | $x * q_x^r * \frac{l_x}{l_{55}}$ |
|----|---------|-----------|--|------------------------------|----------------------------------|
| 55 | 0.05 | 1,000,000 | 1 | 0.05 | 2.75 |
| 56 | 0.05 | 950,000 | 0.95 | 0.0475 | 2.66 |
| 57 | 0.05 | 902,500 | 0.9025 | 0.04513 | 2.572125 |
| 58 | 0.05 | 857,375 | 0.85738 | 0.04287 | 2.4863875 |
| 59 | 0.05 | 814,506 | 0.81451 | 0.04073 | 2.4027934 |
| 60 | 0.05 | 773,781 | 0.77378 | 0.03869 | 2.3213428 |
| 61 | 0.05 | 735,092 | 0.73509 | 0.03675 | 2.2420303 |
| 62 | 0.5 | 698,337 | 0.69834 | 0.34917 | 21.648456 |
| 63 | 0.3 | 349,169 | 0.34917 | 0.10475 | 6.5992874 |
| 64 | 0.3 | 244,418 | 0.24442 | 0.07333 | 4.6928266 |
| 65 | 1 | 171,093 | 0.17109 | 0.17109 | 11.121021 |

Average age at retirement 61.49

Rounded for Schedule SB item 22 61

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

Effective Date Original Plan: May 1, 1979. Most recently amended on March 29, 2019.

Status of the Plan Frozen participation, with continuing benefit accruals for active participants.

Eligibility First day of the month following employment unless the employee is covered by a collective bargaining agreement. Plan is closed to new entrants as of January 1, 2012.

Benefit Service Includes all calendar years from date of hire on elapsed time basis, including Dow Corning service.

| <u>Vesting</u> | <u>Years of Service</u> | <u>Vesting</u> |
|----------------|-------------------------|----------------|
| | < 4 | 0% |
| | 4 | 40% |
| | 5 | 100% |

Compensation Equal to the total salary earned during the year, with the exception of overtime, bonuses, etc.

Average Compensation Average over highest consecutive 60 months out of the most recent 120 consecutive months.

Accrued Benefit Monthly benefit equal to greater of A and B, minus C:

- A) 1.4% of 5-year final average earnings times years of service, minus 2% of Social Security Benefit times years of service up to 25 years, determined as of April 1, 1989.
- B) 0.8% of final average salary up to covered compensation plus 1.3% of excess average salary, times years of service up to 35 years and 1% of final average salary times years of service in excess of 35 years.
- C) The accrued benefit under the prior Dow Corning plan.

The formulas under A and B are applied on projected service to normal retirement age, then prorated on actual service over projected service to develop accrued benefits.

Normal Retirement Date Age 65.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

Normal Benefit

Accrued benefit.

Early Retirement

Eligible upon attainment of age 50 at termination with a vested benefit. The accrued benefit is reduced as follows:

| <u>Age</u> | <u>10 Years of Service</u> | <u>Less than 10 Years of Service</u> |
|------------|----------------------------|--------------------------------------|
| 65 | 100.0% | 100.0% |
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| 63 | 100.0% | 86.7% |
| 62 | 100.0% | 80.0% |
| 61 | 73.3% | 73.3% |
| 60 | 66.7% | 66.7% |
| 59 | 63.3% | 63.3% |
| 58 | 60.0% | 60.0% |
| 57 | 56.7% | 56.7% |
| 56 | 53.3% | 53.3% |
| 55 | 50.0% | 50.0% |
| 54 | 47.8% | 47.8% |
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| 51 | 41.1% | 41.1% |
| 50 | 38.9% | 38.9% |

Late Retirement

If a participant works beyond Normal Retirement Date, the benefit will be equal to the greater of A or B:

- A) Normal Retirement Benefit, or
- B) Actuarial equivalent of the total accrued benefit as of the Normal Retirement Date.

Preretirement Death Benefit

Eligible after completion of 4 years of service. Benefit equal to 50% of the amount that would have been payable to the member if he or she had terminated employment on the date of death and elected a 50% Joint and Survivor form of payment with spouse as beneficiary.

Disability Benefit

Eligible if eligible for Social Security disability benefits. Benefit is calculated the same as Normal Retirement Benefit with service accruing until Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

Normal Form of Payment For married participants – 50% Joint and Survivor.
For unmarried participants – Life Annuity.

Optional Forms of Payment Life Annuity
50% Joint & Survivor
75% Joint & Survivor
100% Joint & Survivor
5 Year Certain & Life
10 Year Certain & Life

Actuarial Equivalence

| | |
|------------------------|---|
| 50% Joint & Survivor: | .88 + .005 * (spouse age – participant age) |
| 75% Joint & Survivor | .83 + .005 * (spouse age – participant age) |
| 100% Joint & Survivor | .75 + .005 * (spouse age – participant age) |
| 5 Year Certain & Life | .975 + .002 * (65 – Participant age) |
| 10 Year Certain & Life | .910 + .007 * (65 – Participant age) |
| Late Retirement | Interest Rate: 5% Mortality Table: Blended 1983 Group Annuity Mortality Table, fifty percent male and fifty percent female |

Significant Events Occurring During the Year None

Benefits Not Included in the Valuation Part B of the Late Retirement definition is not explicitly valued. This has no material effect on the liability.

Summary of Changes on Principal Eligibility or Benefit Provisions Since the Last Valuation None

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: SEH America Inc.

Plan Name: SEH America Inc. Pension Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 94-2574895

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Pages 17 – 25 of the attached auditor’s report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: SEH America, Inc. Pension Plan
Plan Sponsor: SEH America, Inc.**

**E.I.N.: 94-2574895 Plan No.: 001
Plan Year: January 1, 2024 to December 31, 2024**

For 2024, the Expected Investment Return was 5.50% (previously, 5.25%).

All changes were made to better reflect anticipated future experience.